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PTO/SB/21 (09-04)
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Application Number 10/039 935 10/038.335 Filing Date TRANSMITTAL January 2, 2002 First Named Inventor FORM Ronnie C. Hanecak **Art Unit** 1636 Examiner Name David Guzo (to be used for all correspondence after initial filing) **Attorney Docket Number** ISIS-4976 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC < Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final **Provisional Application** Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavite/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD **Certified Copy of Priority** Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name lsis Pharmaceuticals, Inc. Signature Printed name Joshua McLaughiin Date Reg. No. 50,455 February 28, 2005 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date February 28, 2005 Toupal Typed or printed name

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PTC/SB/17 (12-04)
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Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 Applicant claims small entity status. See 37 CFR 1.27				Complete if Known					
				Application Numb	Application Number 10/038,335				
				Filing Date	Januar	January 2, 2002			
				First Named Inve	inter Ronnie	Ronnie C. Hanccak			
				Examiner Name	Davi	David Guzo			
				Art Unit	163	1636			
TOTAL AMOUN	T OF PAYMENT	(\$) 65.00) 	Attorney Docket	No. ISIS-49	976			
METHOD OF	PAYMENT (che	ck all that a	apply)						
Check	Credit Card	Mone	y Order No	one Other (ole	ease identify):				
➤ Deposit Account Deposit Account Number: 500252 Deposit Account Name: ISIS Pharmaceuticals									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) Indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
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FEE CALCULATION									
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2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)									
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for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
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4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)									
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Signature	6/4 1/1	fill		(Attorney/Agent) 50	0,455		760-603-27	167	
Name (Print/Type)	Joshua McLau	ghain				Date 2	28/05		

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